

CLAIMS ONLY							Application Number <u>10-187121</u>		Filing Date			
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51		/			
2							52		/			
3							53		/			
4							54		/			
5							55		/			
6							56		/			
7							57		/			
8							58		/			
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12							62		/			
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14							64		/			
15							65		/			
16							66		/			
17							67		/			
18							68		/			
19							69		/			
20							70		/			
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23							73					
24							74					
25							75					
26							76					
27		/					77					
28		/					78					
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37		/					87					
38		/					88					
39		/					89					
40		/					90					
41		/					91					
42		/					92					
43		/					93					
44		/					94					
45		/					95					
46	/	/					96					
47		/					97					
48		/					98					
49		/					99					
50		/					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					